

APR 15 2005
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PTO/SB/17 (12-04-02)
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 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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Effective on 12/08/2004,
 Fee Payment to the Copyright Clearance Act, 2005 (H.R. 4618).
FEE TRANSMITTAL
For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 60.00

Complete If Known

Application Number 10/618,281
 Filing Date July 11, 2003
 First Named Inventor HENNING, Gerald W.
 Examiner Name KING, Anita M.
 Art Unit 3532
 Attorney Docket No. Sealand P1US0

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 22-0257 Deposit Account Name: Varnum, Riddering, Schmid
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fees Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fees Paid (\$)
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HP = 20 or HP = x =

HP = highest number of total claims paid for, if greater than 20.

Inden. Claims Extra Claims Fee (\$)

HP = 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
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- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): One Month Extension of Time

Fees Paid (\$)

60.00

SUBMITTED BY

Signature *Thomas L. Lockhart* Registration No. 29,324 Telephone (616) 338-6000
 Name (Print/Type) Thomas L. Lockhart Date April 15, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



7-18-05

11w \$

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

Applicant(s): HENNING, Gerald W., et al.
For: FLAT PANEL MONITOR SUPPORT ARM
Serial No.: 10618,281
Filed: July 11, 2003

Commissioner for Patents
P.O. Box 1450
Washington, D.C. 20231

"Express Mail" Mailing Label No.:
EV 437770569US

Date of Deposit: April 15, 2005

Sir:

I hereby certify that the documents listed below are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

<input checked="" type="checkbox"/> Transmittal Form	<input type="checkbox"/> Declaration for Patent Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check attached for \$	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Notice of Allowance and Issue Fee Due
<input type="checkbox"/> Provisional Application for Patent Cover Transmittal <input type="checkbox"/> Specification ___ Pages <input type="checkbox"/> Claims ___ Pages	<input type="checkbox"/> Information Disclosure Cover Letter <input type="checkbox"/> IDS PTO 1449 <input type="checkbox"/> References	<input type="checkbox"/> Certificate of Correction
<input type="checkbox"/> Design/Utility Application Transmittal <input type="checkbox"/> Specification ___ Pages <input type="checkbox"/> Claims ___ Pages	<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> References	<input type="checkbox"/> Maintenance Fee Transmittal Form <input type="checkbox"/> Maintenance Fee Payment
<input type="checkbox"/> PCT <input type="checkbox"/> Transmittal Letter to the United States Receiving Office <input type="checkbox"/> PCT Fee Calculation Sheet <input type="checkbox"/> PCT Request (___ Pages) <input type="checkbox"/> PCT General Power of Attorney Cover Letter <input type="checkbox"/> PCT General Power of Attorney	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Letter to Official Draftsman	<input checked="" type="checkbox"/> Itemized Postcard
<input type="checkbox"/> Request Transmittal (RCE or CPA)	<input type="checkbox"/> Response to Missing Parts /incomplete Application	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	-Response to Notice of Non-Compliant Amendment
<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Request for Refund	

Dated: 4/15/05

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/618,281
Filing Date	July 11, 2003
First Named Inventor	HENNING, Gerald W.
Art Unit	3532
Examiner Name	KING, Anita M.
Attorney Docket Number	Sealand P1US0

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Itemized Postcard
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Varnum, Riddering, Schmidt & Howlett LLP		
Signature			
Printed name	Thomas L. Lockhart		
Date	April 15, 2005	Reg. No.	29,324

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature		
Typed or printed name		Date

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